



Prescription Drug Authorization Fax Request Form

Assuring the highest quality of care by guiding the appropriate use of drugs for Medicaid clients.

Washington Medicaid

Fax: (360) 725-2141

<http://maa.dshs.wa.gov/pharmacy>

Phone: 1-800-848-2842

Monday – Friday 9:00am to 4:45pm

*******Please note: You must transmit a claim prior to faxing this form*******

*******You must call 800-562-3022 on Refills Too Soon, 800-848-2842 Excessive Fills *******

Authorization Type <input type="checkbox"/> Update to existing authorization # _____ <input type="checkbox"/> New request														
Pricing Conflicts <input type="checkbox"/> DAW **If DAW, has patient tried generic? _____ Outcome? _____ Adverse reaction to generic (be specific): _____														
Patient Information Name _____ PIC <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>														Prescriber Information Prescriber Name _____ DEA# _____ Specialty _____ Phone _____ Fax _____
Drug Information Drug name _____ NDC _____ Rx# _____ Qty: _____ Days: _____ Directions for use (sig) _____ Date(s) of fill/dispense to client: _____	Pharmacy Information Pharmacy Name _____ NABP _____ Fax: _____													
Diagnosis/medical justification:														
What alternatives have been tried? Dates?														
<u>FOR DSHS/MAA STAFF USE ONLY</u>														
<div>MAS Date</div>														

If you have not received a response within 24 hours, please call 1-800-848-2842

The material in this facsimile transmission is intended only for the use of the individual to whom it is addressed and may contain information that is confidential, privileged, and exempt from disclosure under applicable law. HIPAA Compliance: Unless otherwise authorized in writing by the patient, protected health information will only be used to provide treatment, to seek insurance payment, or to perform other specific health care operations.

January 27, 2005